

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Managed Care Organizations
Infusion Therapy Providers

Memorandum No: 06-72
Issued: August 30, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Enteral Nutrition Products and Supplies: Billing with Modifier BA

To further clarify when providers should use modifier BA on claim forms when billing for enteral nutrition, the Health and Recovery Services Administration (HRSA) revised the description of modifier BA to include the words “and supplies.” This revised description is effective for dates of service on or after October 1, 2005.

Billing Instructions Replacement Pages

Attached are replacement pages G.1 - G.2 and K.1 - K.2 for HRSA’s current *Enteral Nutrition Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

Modifiers

Providers must use the procedure codes listed in the product list along with the appropriate modifier for all enteral nutrition products. HRSA denies claims for enteral nutrition products without modifiers.

Modifier ‘BA’

Use Modifier ‘BA’ for medically necessary, *tube-delivered enteral nutrition products* **and supplies**, not orally administered nutrition.

Modifier ‘BO’

Use Modifier ‘BO’ for medically necessary, *orally administered enteral nutrition products*, not nutrition administered by external tube.

All enteral nutrition products must have documented justification for medical necessity in the client's file and made available for review by HRSA. Claims for reimbursement of nutrition products must be billed with the ICD-9-CM diagnosis code(s).

Note: Medicare Part B covers enteral nutrition products only for clients who are tube-fed. Enteral nutrition products being appropriately billed with a ‘BO’ modifier will not require a Medicare denial and can be billed directly to HRSA.

Providers must use the procedure codes listed in the fee schedule along with the appropriate NU or RR modifier for all poles and pumps.

Modifier ‘NU’

Use Modifier ‘NU’ to indicate that the provider is billing HRSA for new, purchased equipment.


Modifier ‘RR’

Use Modifier ‘RR’ to indicate that the provider is billing HRSA for rental equipment.

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Fee Schedule

Equipment Rental/Purchase Policy

- The following are included in MAA's reimbursement for equipment rentals or purchases:
 - ✓ Instructions to the client and/or caregiver on the safe and proper use of equipment provided;
 - ✓ Full service warranty;
 - ✓ Delivery and pick-up; and
 - ✓ Fitting and adjustments.
 - If changes in circumstances occur during the rental period, such as death or ineligibility, MAA will terminate reimbursement at that date.
 - Providers may not bill for a rental and a purchase of any item simultaneously.
 - MAA will **not** reimburse providers for equipment that was supplied to them **at no cost** through suppliers/manufacturers.
 - All rent-to-purchase equipment may be new or used at the beginning of the rental period.
 - MAA reimburses for enteral nutrition related supplies for clients residing in nursing facilities **only when:**
 - ✓ The supplies are used to administer 100% of the client's nutritional requirements; and
 - ✓ The client's medical circumstances meet MAA's program requirements for enteral nutrition.
-  **Note:** Covered items that are not part of the nursing facility per diem may be billed separately to MAA.
- MAA reimburses for enteral nutrition-related supplies for clients receiving Medicare Part B **only when:**
 - ✓ The supplies are used to administer enteral nutrition products to non tube-fed clients; and
 - ✓ The client's medical circumstances meet MAA's requirements for enteral nutrition.

Enteral Supply Kits

- **Do not bill more than one supply kit code per day.**
- **Enteral supply kits include all the necessary supplies for the enteral patient using the syringe, gravity or pump method of nutrient administration.**
- **Bill only for the actual number of kits used, not to exceed a one-month supply.**

Procedure Code and Modifier	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem
B4034-BA	Enteral Feeding Supply Kit; Syringe (Bolus only)	\$5.66	N	Y	1 per client, per day	N
B4035-BA	Enteral Feeding Supply Kit; Pump Fed, per day	\$10.78	N	Y	1 per client, per day	N
B4036-BA	Enteral Feeding Supply Kit; Gravity Fed	\$7.38	N	Y	1 per client, per day	N

Enteral Tubing

- **The total number of allowed tubes includes any tubes provided as part of the replacement kit.**

Procedure Code and Modifier	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem
B4081-BA	Nasogastric tubing with stylet (each)	\$19.98	N	Y	3 per client, per month	N
B4082-BA	Nasogastric tubing without stylet (each)	\$14.88	N	Y	3 per client, per month	N
B4083-BA	Stomach tube – Levine type (each)	\$2.27	N	Y	1 per client, per month	N
B9998	Low Profile Gastrostomy Replacement Kit (e.g., Bard, MIC Key Button, Hide-a-port, Stomate) EPA #: 870000742	\$106.87	N	Y	2 per client, every 5 months	N
B4086-BA	Gastrostomy/jejunostomy tube, any material, any type (standard or low profile), each	\$32.89	N	Y	5 per client, per month	N